

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 580

S. 300.
ov. 1-57

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611 EMPIRE AVE.		Length of stay in lb 16 YRS		d. STREET ADDRESS (If outside, give location) 611 EMPIRE AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HUBERT Last AYERS				4. DATE OF DEATH Month DEC. Day 1 Year 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 18, 1879		9. AGE (In years, birthdate) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHOTOGRAPHER		10b. KIND OF BUSINESS OR INDUSTRY PHOTOGRAPHS		11. BIRTHPLACE (City and state or country) BEAVER CITY, NEB.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NATHAN M. AYERS		13b. MOTHER'S MAIDEN NAME HETTIE WYANRIGHT		14. NAME OF HUSBAND OR WIFE ANNA AYERS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT MRS. ANNA AYERS, 611 EMPIRE AVENUE			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH Sudden	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4201					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-10-1957 to 12-1-57 and last saw her alive on 12-1-1957 Death occurred at 12-1-57 10:10 a. m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>Steve Parker</i> Doyce H. MoPike M.D.		22b. ADDRESS 607 Frisco Building, Joplin, Mo.	
22c. DATE SIGNED 12-3-57		23a. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY,					
23b. DATE 12-3-57		23c. LOCATION (City, town, or county) NEOSHO, MISSOURI		(State)		23d. DATE RECD. BY LOCAL REG. 12-6-1957	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. REGISTER'S SIGNATURE <i>Dove Merriam</i>					

(Licensed Embelmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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PHOTOGRAPHER
HATHEL L. AYERS
PHOTOGRAPHERS
BEVERLY CITY, WED.
AUG. 18, 1957
MRS. ANNA AYERS, 611 EMPIRE AVENUE
ANN ARBOR, MICH.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.